

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 19 1957

20475

STATE NUMBER

Registration District No. 77

Primary Registration District No. 2016

Registrar's No. 203

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 208 Marshall		d. STREET ADDRESS 208 Marshall	
3. NAME OF DECEASED (Type or print) First Eugene Middle Jacob Last Epstein		4. DATE OF DEATH Month June Day 14 Year 1957	
5. SEX C Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 21, 1879
9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR Months 10 Days 23 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Real-Estate		10b. KIND OF BUSINESS OR INDUSTRY Own	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Simon Epstein		13b. MOTHER'S MAIDEN NAME Amelia David	
14. NAME OF HUSBAND OR WIFE Della Epstein			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Address Malcolm B. Epstein Jefferson City, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Stomach		INTERVAL BETWEEN ONSET AND DEATH Many Months	
Conditions, if any, which gave rise to above, cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151x		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from called to see patient at death. to and last saw her alive on Death occurred at 6:30 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Fred O. Lugin, M.D. (Degree or title)		22b. ADDRESS 213 Jackson, Jefferson City, Mo.	
22c. DATE SIGNED June 15, 1957			
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE June 17, 1957	
23c. NAME OF CEMETERY OR CREMATORY Vaughan Crematory		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR Victor Buescher, J.C. Mo. ADDRESS 		25. DATE RECD. BY LOCAL REG. 15 June 1957	
26. REGISTRAR'S SIGNATURE R.P. Norris, MD-MR.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300-1-57

no symptoms were listed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Victor Bruscher

Licensed Embalmer No. 3701

P. O. Address J. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.